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13281 U.S. PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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19587 U.S. PTO  
10/826297

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|---|------------------------|---|--|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No.    | 026746.101-US02   |  |  |
|   | First Inventor         | Craig A. Branch   |  |  |
|   | Title                  | RADIO FREQUENCY SHIELD FOR NUCLEAR<br>MAGNETIC RESONANCE PROCEDURES |  |  |
|   | Express Mail Label No. |   |  |  |

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|--|---|
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
|--|---|

|   |  |  |
|---|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original, and a duplicate for fee processing)</small>  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program <small>(Appendix)</small>  |  |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.  | 8. Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small>   |  |
| 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>19</b>]</span><br><small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table,<br/>or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <small>(if filed)</small></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> | a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies |  |
| 4. <input checked="" type="checkbox"/> Drawing(s) <small>(35 U.S.C. 113)</small> <span style="float: right;">[Total Sheets <b>4</b>]</span>   | <b>ACCOMPANYING APPLICATION PARTS</b>  |  |
| 5. Oath or Declaration <span style="float: right;">[Total Sheets <b>    </b>]</span> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><small>(for continuation/divisional with Box 18 completed)</small></li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s)<br/>named in the prior application,<br/>see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul>   | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |  |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  | 10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input checked="" type="checkbox"/> Power of<br/><small>(when there is an assignee)</small> Attorney</span>   |  |
|   | 11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small>   |  |
|   | 12. <input checked="" type="checkbox"/> Information Disclosure <span style="float: right;"><input type="checkbox"/> Copies of IDS<br/><small>Statement (IDS)/PTO-1449 Citations</small></span>   |  |
|   | 13. <input type="checkbox"/> Preliminary Amendment   |  |
|   | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small>   |  |
|   | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small>   |  |
|   | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br><small>Applicant must attach form PTO/SB/35 or its equivalent.</small>  |  |
|   | 17. <input checked="" type="checkbox"/> Other: <span style="border: 1px solid black; padding: 2px;">Verified Statement (Declaration) Claiming<br/>Small Entity Status (37 C.F.R. 1.9(d) and<br/>1.27(c))--Small Business Concern</span>  |  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/985,473

Prior application information: Examiner Eleni M. Mantis Mercader Art Unit: 3737

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

☒ Customer Number: 26853 OR ☐ Correspondence address below

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|---------|------------------------------|-----------|--------------|----------|--------------|
| Name    | COVINGTON & BURLING          |           |              |          |              |
| Address | 1201 Pennsylvania Avenue, NW |           |              |          |              |
| City    | Washington                   | State     | D.C.         | Zip Code | 20004-2401   |
| Country | USA                          | Telephone | 202.662.6000 | Fax      | 202.662.6291 |

|                   |                |                                   |                |
|-------------------|----------------|-----------------------------------|----------------|
| Name (Print/Type) | Paul J. Bernan | Registration No. (Attorney/Agent) | 36,744         |
| Signature         |                | Date                              | April 19, 2004 |

13281 U.S. PTO  
041904

Docket No.: 026746.101-US02  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Craig A. Branch et al.

**Application No.: Divisional of 09/985,473**

Group Art Unit: N/A

Filed: April 19, 2004

Examiner: Not Yet Assigned

For: RADIO FREQUENCY SHIELD FOR  
NUCLEAR MAGNETIC RESONANCE  
PROCEDURES

**TRANSMITTAL LETTER**

**MS Patent Application**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Fee Transmittal;
2. Utility Patent Application Transmittal;
3. Application Data Sheet;
4. Utility application comprising: 15 pages of description; three pages of claims (28 claims); a one page abstract; and four sheets of drawings (Figs. 1, 1A-1C, 2, and 2A-2B);
5. Copy of the Declaration for Utility Patent Application filed in prior Application No. 09/985,473;
6. Copy of the Power of Attorney filed in prior Application No. 09/985,473;

7. Copy of the Statement under 37 CFR 3.73(b), with a copy of the Assignment, filed in prior Application No. 09/985,473;
8. Copy of the Verified Statement (Declaration) Claiming Small Entity Status (37 C.F.R. 1.9(d) and 1.27(c)) -- Small Business Concern;
9. Information Disclosure Statement;
10. Form PTO/SB/08a/b;
11. Check No. 327511 for \$457.00 to cover: \$385.00 small entity basic filing fee and \$72.00 additional claims fee; and
12. Two return receipt postcards.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Order No. 026746.101-US02. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: April 19, 2004

Respectfully submitted,

By 

Paul J. Berman

Registration No.: 36,744

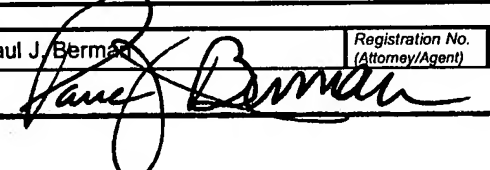
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| FEE TRANSMITTAL<br>for FY 2004   |   |                                   |                       | Complete if Known  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
|--|---|-----------------------------------|-----------------------|--|--------------------------|---|-----------------------|-----------------------|-----------------------|-----------------|----------|----------|----------|----------|----------|-------------------------------------|-----|------------------------|-----|--------------------|--------|---|-----|-----------------------------------|------|-------------------|-------|---------------------------|-----|---------------------------------------|-------|------------------|-------|--|------|--|------|--------------------|------|--|-----|--|--------|------------------------|--------|---|--|------|------------|------|-------------|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------|--|--|--|--|--|--------------|--|--|--|--|-----------|
| Effective 10/01/2003, Patent fees are subject to annual revision.  |   |                                   |                       | Application Number   | Divisional of 09/985,473 |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
|  |   |                                   |                       | Filing Date  | April 19, 2004           |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
|  |   |                                   |                       | First Named Inventor   | Craig A. Branch          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
|  |   |                                   |                       | Examiner Name  | Not Yet Assigned         |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
|  |   |                                   |                       | Art Unit   | N/A                      |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |   |                                   |                       | Attorney Docket No.  | 026746.101-US02          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| TOTAL AMOUNT OF PAYMENT  |   | (\$)                              |                       | 457.00   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| METHOD OF PAYMENT (check all that apply)   |   |                                   |                       | FEE CALCULATION (continued)  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None   |   |                                   |                       | 3. ADDITIONAL FEES   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| <input type="checkbox"/> Deposit Account:<br>Deposit Account Number: 50-0740<br>Deposit Account Name: Covington & Burling  |   |                                   |                       |  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| The Director is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |   |                                   |                       |  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| FEE CALCULATION  |   |                                   |                       |  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1. BASIC FILING FEE  |   |                                   |                       |  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>385.00</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;">SUBTOTAL (1)</td><td>(\$) 385.00</td></tr></tbody></table>  |   |                                   |                       |  |                          | Large Entity  |                       | Small Entity          |                       | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001                                | 770 | 2001                   | 385 | Utility filing fee | 385.00 | 1002  | 340 | 2002                              | 170  | Design filing fee |       | 1003                      | 530 | 2003                                  | 265   | Plant filing fee |       | 1004   | 770  | 2004   | 385  | Reissue filing fee |      | 1005   | 160 | 2005   | 80     | Provisional filing fee |        | SUBTOTAL (1)  |  |      |            |      | (\$) 385.00 |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| Large Entity   |   | Small Entity                      |                       |  |                          | Fee Description   | Fee Paid              |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| Fee Code   | Fee (\$)  | Fee Code                          | Fee (\$)              |  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1001   | 770   | 2001                              | 385                   |  |                          | Utility filing fee                                      | 385.00                |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1002   | 340   | 2002                              | 170                   |  |                          | Design filing fee                                       |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1003   | 530   | 2003                              | 265                   | Plant filing fee   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1004   | 770   | 2004                              | 385                   | Reissue filing fee   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1005   | 160   | 2005                              | 80                    | Provisional filing fee   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| SUBTOTAL (1)   |   |                                   |                       |  | (\$) 385.00              |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  |   |                                   |                       |  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"><thead><tr><th colspan="2">Total Claims</th><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr><tr><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr></thead><tbody><tr><td></td><td>28</td><td>-20** =</td><td>8</td><td>x</td><td>9.00</td><td>=</td><td>72.00</td></tr><tr><td>Independent Claims</td><td>1</td><td>-3** =</td><td></td><td>x</td><td></td><td>=</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td></td><td>=</td><td></td></tr></tbody></table>   |   |                                   |                       | Total Claims   |                          | Extra Claims  |                       | Fee from below        |                       | Fee Paid        |          |          |          |          |          |                                     |     |                        |     |                    | 28     | -20** =   | 8   | x                                 | 9.00 | =                 | 72.00 | Independent Claims        | 1   | -3** =                                |       | x                |       | =  | 0.00 | Multiple Dependent                                 |      |                    |      |  |     | =  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| Total Claims   |   | Extra Claims                      |                       | Fee from below   |                          | Fee Paid  |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
|  |   |                                   |                       |  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
|  | 28  | -20** =                           | 8                     | x  | 9.00                     | =   | 72.00                 |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| Independent Claims   | 1   | -3** =                            |                       | x  |                          | =   | 0.00                  |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| Multiple Dependent   |   |                                   |                       |  |                          | =   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5" style="text-align: right;">SUBTOTAL (2)</td><td>(\$) 72.00</td></tr></tbody></table> |   |                                   |                       | Large Entity   |                          | Small Entity  |                       | Fee Description       | Fee Paid              | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202                                | 9   | Claims in excess of 20 |     | 1201               | 86     | 2201  | 43  | Independent claims in excess of 3 |      | 1203              | 290   | 2203                      | 145 | Multiple dependent claim, if not paid |       | 1204             | 86    | 2204   | 43   | ** Reissue independent claims over original patent |      | 1205               | 18   | 2205   | 9   | ** Reissue claims in excess of 20 and over original patent |        | SUBTOTAL (2)           |        |   |  |      | (\$) 72.00 |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| Large Entity   |   | Small Entity                      |                       | Fee Description  | Fee Paid                 |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| Fee Code   | Fee (\$)  | Fee Code                          | Fee (\$)              |  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1202   | 18  | 2202                              | 9                     | Claims in excess of 20   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1201   | 86  | 2201                              | 43                    | Independent claims in excess of 3  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1203   | 290   | 2203                              | 145                   | Multiple dependent claim, if not paid  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1204   | 86  | 2204                              | 43                    | ** Reissue independent claims over original patent   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1205   | 18  | 2205                              | 9                     | ** Reissue claims in excess of 20 and over original patent   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| SUBTOTAL (2)   |   |                                   |                       |  | (\$) 72.00               |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| **or number previously paid, if greater; For Reissues, see above   |   |                                   |                       | <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1808</td><td>180</td><td>1808</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6">Other fee (specify)</td></tr><tr><td colspan="5" style="text-align: right;">SUBTOTAL (3)</td><td>(\$) 0.00</td></tr></tbody></table> |                          | Large Entity Fee Code                                   | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1051     | 130      | 2051     | 65       | Surcharge - late filing fee or oath |     | 1052                   | 50  | 2052               | 25     | Surcharge - late provisional filing fee or cover sheet. |     | 1053                              | 130  | 1053              | 130   | Non-English specification |     | 1812                                  | 2,520 | 1812             | 2,520 | For filing a request for <i>ex parte</i> reexamination |      | 1804   | 920* | 1804               | 920* | Requesting publication of SIR prior to Examiner action |     | 1805   | 1,840* | 1805                   | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110        | 2251 | 55          | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1808 | 180 | 1808 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | SUBTOTAL (3) |  |  |  |  | (\$) 0.00 |
| Large Entity Fee Code  | Large Entity Fee (\$)   | Small Entity Fee Code             | Small Entity Fee (\$) |  |                          | Fee Description   | Fee Paid              |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1051   | 130   | 2051                              | 65                    |  |                          | Surcharge - late filing fee or oath                     |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1052   | 50  | 2052                              | 25                    |  |                          | Surcharge - late provisional filing fee or cover sheet. |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1053   | 130   | 1053                              | 130                   |  |                          | Non-English specification                               |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1812   | 2,520   | 1812                              | 2,520                 |  |                          | For filing a request for <i>ex parte</i> reexamination  |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1804   | 920*  | 1804                              | 920*                  |  |                          | Requesting publication of SIR prior to Examiner action  |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1805   | 1,840*  | 1805                              | 1,840*                |  |                          | Requesting publication of SIR after Examiner action     |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1251   | 110   | 2251                              | 55                    |  |                          | Extension for reply within first month                  |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1252   | 420   | 2252                              | 210                   |  |                          | Extension for reply within second month                 |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1253   | 950   | 2253                              | 475                   | Extension for reply within third month   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1254   | 1,480   | 2254                              | 740                   | Extension for reply within fourth month  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1255   | 2,010   | 2255                              | 1,005                 | Extension for reply within fifth month   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1401   | 330   | 2401                              | 165                   | Notice of Appeal   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1402   | 330   | 2402                              | 165                   | Filing a brief in support of an appeal   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1403   | 290   | 2403                              | 145                   | Request for oral hearing   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1451   | 1,510   | 1451                              | 1,510                 | Petition to institute a public use proceeding  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1452   | 110   | 2452                              | 55                    | Petition to revive - unavoidable   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1453   | 1,330   | 2453                              | 665                   | Petition to revive - unintentional   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1501   | 1,330   | 2501                              | 665                   | Utility issue fee (or reissue)   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1502   | 480   | 2502                              | 240                   | Design issue fee   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1503   | 640   | 2503                              | 320                   | Plant issue fee  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1460   | 130   | 1460                              | 130                   | Petitions to the Commissioner  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1807   | 50  | 1807                              | 50                    | Processing fee under 37 CFR 1.17(q)  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1808   | 180   | 1808                              | 180                   | Submission of Information Disclosure Stmt  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 8021   | 40  | 8021                              | 40                    | Recording each patent assignment per property (times number of properties)   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1809   | 770   | 2809                              | 385                   | Filing a submission after final rejection (37 CFR 1.129(a))  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1810   | 770   | 2810                              | 385                   | For each additional invention to be examined (37CFR 1.129(b))  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1801   | 770   | 2801                              | 385                   | Request for Continued Examination (RCE)  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| 1802   | 900   | 1802                              | 900                   | Request for expedited examination of a design application  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| Other fee (specify)  |   |                                   |                       |  |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| SUBTOTAL (3)   |   |                                   |                       |  | (\$) 0.00                |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| SUBMITTED BY   |   |                                   |                       | (Complete (if applicable))   |                          |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| Name (Print/Type)  | Paul J. Berman  | Registration No. (Attorney/Agent) | 36,744                | Telephone  | (202) 662-6000           |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |
| Signature  |  |                                   |                       | Date   | April 19, 2004           |   |                       |                       |                       |                 |          |          |          |          |          |                                     |     |                        |     |                    |        |   |     |                                   |      |                   |       |                           |     |                                       |       |                  |       |  |      |  |      |                    |      |  |     |  |        |                        |        |   |  |      |            |      |             |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |  |  |              |  |  |  |  |           |